

COPS Worksheet

Department Annual Report

Affix Label Here

Reporting Period: Last Day of Reporting Period:

Due Date (postmarked by):

January 1, 1997-December 31, 1997

December 31, 1997

February 15, 1998

U.S. Department of Justice

Office of Community Oriented Policing Services
Joseph E. Brann, Director

Department Annual Report

The following report will assist the COPS Office in assessing the administration of COPS grants and the implementation of community policing. Vistronix, Inc. is assisting the COPS Office in the processing of the Progress Reports. If you have any questions regarding this report, please contact the U.S. Department of Justice Response Center at 1-800-421-6770.

U.S. Department of Justice, Progress Reports c/o Vistronix, Inc. 8391 Old Courthouse Road, Suite 205 Vienna, VA 22182



U.S. Department of JusticeOffice of Community Oriented Policing Services

Internet web site: http://www.usdoj.gov/cops/

Funded Sworn Positions

Questions 1-5 pertain to the number of sworn positions funded for which your budget actually provides local or other (non-COPS) grant funding. Do not include COPS-funded officers in your answers to these questions. Please include vacant and filled positions, not the number of officers actually employed at the time indicated. Exclude officers whose sole duties were jail, detention, bailiff or serving legal process.

If there were no employees in a given category, enter a 0 (zero). Leave no lines blank.

1.	How many full-time sworn law enforcement officer positions are a) actually employed in your department, b) funded in your local budget and c) authorized, as of the end of this reporting period?		
	a)	_ Actual Sworn Force (number of full-time sworn law enforcement officer positions employed in your department, excluding any COPS-funded officers)	
	b)	_ Budgeted Sworn Force (number of full-time sworn law enforcement officer positions funded in your local budget, <i>excluding any COPS-funded officers</i>)	
	c)	Authorized Sworn Force (maximum number of full-time sworn law enforcement officer positions allowable, <i>excluding any COPS-funded officers</i>)	
2.	How many part-time sworn law enforcement officer positions are a) actually employed in your department, b) funded in your local budget and c) authorized, as of the end of this reporting period?		
	a)	Actual Sworn Force (number of part-time sworn law enforcement officer positions employed, excluding any COPS-funded officers)	
	b)	_ Budgeted Sworn Force (number of part-time sworn law enforcement officer positions funded in your local budget, <i>excluding any COPS-funded officers</i>)	
	c)	Authorized Sworn Force (maximum number of part-time sworn law enforcement officer positions allowable, <i>excluding any COPS-funded officers</i>)	
3.	How many hou reporting period	rs of part-time sworn service are funded in the department's budget as of the end of this !?	
4.		time sworn officers serve in supervisory or managerial ranks in the department? e officers whose primary responsibility is to supervise or manage other employees.	
5.	How many full-	time sworn officers are responsible for routinely responding to calls for service?	

Community Policing Activities

Please indicate which of the following organizational activities your agency conducted or participated in **during the reporting period.** For each item below, please check the appropriate box.

	Conducted or Participated	Did Not Conduct or Participate
6. Problem-oriented policing targeted at specific, recurring problems (systematic analysis of problem, implementation of strategy and systematic assessment of results)		
7. Directed patrol (time set aside for focusing on a specific problem, area or offense)	a 🗖	
8. Alternative responses for calls (e.g., telephone reports, mail-in reports, scheduled appointment	nts)	
9. Citizen surveys to determine community needs priorities	s and	
10. Victim assistance program	0	
11. Permanent or mobile neighborhood-based offic	ces \square	
12. Drug-free zones around schools, parks or religi	ious	
13. Police/youth programs	0	
14. Drug education programs in schools		
15. Drug tip hotline or Crime Stoppers program		
16. Fixed assignment of officers to beats		
17. Foot/bike patrol as a full-time assignment		
18. Foot/bike patrol as a periodic expectation for cassigned to cars	officers \square	

Community Policing Training

	Conducted or Participated	Did Not Conduct or Participate
19. Training for citizens in problem solving		
20. Landlord/manager training programs for order maintenance and drug reduction		
21. Regulatory code enforcement to combat crime and disorder		
22. Geographically-based crime analysis made available to beat officers		
23. Use of alternative dispute resolution in community conflicts		
24. Neighborhood Watch or other community crime prevention program		
25. Citizen police academy		
26. Neighborhood citizen advisory councils		
27. Jurisdiction-wide citizen advisory council		
28. Other (describe):		
29. Other (describe):		

Retention

The retention requirement is a condition of your COPS hiring grant. It means that you are required to plan in good faith to retain the additional COPS officer positions with local funding at the conclusion of the COPS grant program. The following questions will assist the COPS Office in monitoring your progress toward the creation and implementation of such a plan. (Please see the enclosed COPS fact sheet for additional guidance on the good faith retention plan requirement.)

	YES	NO
30. Good faith planning to retain the additional officer positions is currently under way.		
If yes, please indicate what specific steps you have taken. Please check all that apply.		
 Requested the full funding for the COPS positions from your local governing body during budget negotiations for the fiscal year the grant period ends; 		
 Applied for other non-Federal funding sources (such as state grants) to support the additional officer positions at the termination of the COPS grant; 		
 Sought additional law enforcement funds from private sources, including corporate, nonprofit, and foundation donations or grants; 		
• Other — please explain:		

Narrative Description of Community Policing Activities

Please use a typewriter or word processor to respond to the questions in this section. Be sure to keep your responses within the designated boxes for each item.

The following questions refer only to activities occurring during this reporting period. Do not describe activities that occurred in a previous reporting period unless they continued into this one. If the activity did not occur during the reporting period, check the "did not occur" box.

31. Briefly describe the work your department has done with community groups and if the officers hired under this grant were involved, explain how.
☐ Activities did not occur during this reporting period
32. Briefly describe how your department conducted problem-solving activities and if the officers hired under this grant were involved, explain how.
☐ Activities did not occur during this reporting period

33. Briefly describe your department's crime prevention efforts and if the officers hired under this grant were involved, explain how.	
☐ Activities did not occur during this reporting period	
34. Please describe your most important successes or achievements in community policing and indicate what role, if any, was played by officers supported under this grant.	

25 If you have developed evaluation within for your community policing anomaly places suppressing the	
35. If you have developed evaluation criteria for your community policing program, please summarize the criteria and the progress you have made.	
☐ Activities did not occur during this reporting period	
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36. Please describe significant setbacks or obstacles you have encountered in implementing community policing. Also describe measures you have taken or plan to take to overcome these problems.	
☐ Activities did not occur during this reporting period	

37. If possible, attach additional information relevant to your community policing activities, such as newspaper articles or press releases.

Identifying Information

Name of person completing this form:		
Title:		
Signature:		
Name of department or agency:		
	Phone number:	
State:		
Date form completed:	_	

Please return completed form to:

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